



STATE OF IOWA
MASTER AGREEMENT

MA# 005 CT2566MV-2X

EFFECTIVE BEGIN DATE: 11-01-2004
EXPIRATION DATE: 10-31-2005
PAGE: 1 of 3

BUYER : JEANETTE CHUPP
Jeanette.Chupp@iowa.gov
515-281-6288

PAYMENT TERMS (%): DAYS:

VENDOR:

Buffalo Supply Inc
1650a Coal Creek Dr

Lafayette, CO 80026
USA

VENDOR CONTACT:

JASON GOCKE
PHONE: 303-666-6333 EXT:
EMAIL:
VENDOR #: 73114820600

DESCRIPTION OF ITEMS CONTRACTED

BEDS, HOSPITAL: STRYKER MEDICAL

Note: Woodward And Veterans Home Use Federal Funds. Contract To Provide Stryker Medical Hospital Beds And Furniture Pursuant To The Specifications, Terms And Conditions Of The Gsa, Special Use Furniture Schedule, Fsg Group 71 Part Iii, Contract Number Gs-27f-0018n, Modification PO-07 (Cumulative), Revised November 26, 2003, On File With The Department Of Administrative Services, General Services Enterprise, Hoover Building, Level A, Des Moines, Iowa, 50319-0105. Gsa Pricing: Per The Federal Supply Schedule (Fss) Price List Gsa Contract Period: March 13, 2003 Thru March 12, 2008 Installation By Manufacturer'S Representative Included In Fss Price: - Standard Set-Up Of Equipment In The Government Facility - Equipment Testing To Ensure Equipment Is Functioning Properly - Staff Training On Responsible Equipment Use Warranty: Equipment Is Guaranteed Free Of Defects In Workmanship For 2-Years From Date Of Delivery. Necessary Documentation For Maintenance, Repair & Returns Include: - Return Authorization Form Number (Issued By Cal Jackson) - Original Invoice Number - Name And Address Of Returning Organization/Facility - Reason For Product Return Returned Merchandise: - Shall Be Assessed A 15% Handling And Restocking Fee - Must Be Returned "Within 90-Days" After Original Invoice Date - Must Be Packed Adequately To Assure No Damage During Shipment - Must Be In Salable Condition - Must Not Be Discontinued, Special-Order Or Modified Products Maximum Order Invoiced Amount: \$500,000

RENEWAL PERIODS REMAINING

1 Years
1 Years

THRESHOLDS

MINIMUM ORDER AMOUNT:
MAXIMUM ORDER AMOUNT:
NOT TO EXCEED AMOUNT:

AUTHORIZED DEPARTMENT

ALL

TOTAL \$0.00

VENDOR:

APPROVED BY:

THIS MA IS SUBJECT TO THE TERMS AND
CONDITIONS ATTACHED HERETO.
PLEASE SEE ATTACHMENTS FOR
FURTHER DESCRIPTIONS.



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LINE NO.	QUANTITY / SERVICE DATES	UNIT	COMMODITY / DESCRIPTION	UNIT COST
1	0.00000		41003	\$0.000000
			Beds and Mattresses, Hospital Specialized: Air Beds, Intensi	
2	0.00000		4100321	\$0.000000
			BED ACCESSORIES AND PARTS, HOSPITAL	
3	0.00000		4100377	\$0.000000
			MATTRESS, HOSPITAL, FIRE RATED	
4	0.00000		4100345	\$0.000000
			MATTRESS, AIR	



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TERMS AND CONDITIONS

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